



VILLAGE OF KEY BISCAINE COMMUNITY CENTER MEMBERSHIP APPLICATION

1274



1. RESPONSIBLE PARTY (Must be 18 years of age or older)

Full Name _____ E-mail _____
Address _____
Telephone Home _____ Work _____
Cellular _____ Pager _____
Physician's Name _____ Phone Number _____

2. RESPONSIBLE PARTY (Must be 18 years of age or older)

Full Name _____ E-mail _____
Address _____
Telephone Home _____ Work _____
Cellular _____ Pager _____
Physician's Name _____ Phone Number _____

3. CHILDREN'S INFORMATION

Full Name _____ DOB _____ Gender _____
Medical History: _____
Full Name _____ DOB _____ Gender _____
Medical History: _____
Full Name _____ DOB _____ Gender _____
Medical History: _____
Full Name _____ DOB _____ Gender _____
Medical History: _____

4. INDIVIDUALS AUTHORIZED TO PICK UP CHILD

Name: _____ Relationship: _____
Name: _____ Relationship: _____
Name: _____ Relationship: _____
Emergency Contact: _____ Relationship: _____ Tel: _____

5. WAIVER

For myself as a participant or as the parent or guardian of a minor child participating in activities or using any facilities of the Parks and Recreation Department, I hereby waive any claim against the Village of Key Biscayne and its agents, servants and employees hereafter arising from injuries sustained while participating in or using said facilities to myself or said child. I do covenant to indemnify, hold harmless and defend the said Village, its agents, servants and employees from any claim, damages or demand hereafter arising out of any injury to said child or to myself regardless of whether such injury to said child or to myself is caused in whole or in part by the negligence of said Village or by the negligence of the agents, servants and employees of the Village.

SIGNATURE _____ DATE _____

6. MEMBERSHIP PRICES (Prices include Sales Tax)

Category	Monthly	Annual
Adults	\$50	\$275
Youth (18 & Under)	\$20	\$125
Senior (65+)	\$30	\$200
Student (25 & Under)	\$30	\$200
Couple	\$70	\$350
Sr. Couple	\$50	\$300
Family	\$100	\$475

7. PAYMENT INFORMATION

☐ Cash ☐ Check Check No.: _____ ☐ Credit Card Type: ☐ Visa ☐ MasterCard ☐ American Express
Account Number _____ Exp. Date _____
Cardholder Name _____
Billing Address _____